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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH					
County <u>Graham</u>		State <u>Arizona</u>		State File No. <u>83</u>	
District or Township <u>Safford</u>		City or Village <u>Pima</u>		Local Registrar's No. <u>26</u>	
2. FULL NAME <u>Nancy Fidelia Reynolds</u>					
(a) Residence, No. <u>Pima</u>		(Usual place of abode) <u>Arizona</u>		Ward <u>110</u>	
Length of residence in city or town where death occurred <u>52</u> yrs. <u>0</u> mos. <u>0</u> da. How long in U. S. if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> da.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Widowed</u> (Write the word)			
6a. If married, widowed, or divorced HUSBAND of <u>Widowed</u> (or) WIFE of <u>Widowed</u>					
6. DATE OF BIRTH (month, day and year) <u>Jan 22-1847</u>					
7. AGE	Years <u>86</u>	Months <u>1</u>	Days <u>20</u>	IF LESS than 1 day <u>0</u> hrs. <u>0</u> min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>None</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>Salt Lake City</u> (State or country) <u>Utah</u>					
10. NAME OF FATHER <u>Wiley Norton</u>					
11. BIRTHPLACE OF FATHER <u>U. S. A.</u> (State or country) <u>city or town</u>					
12. MAIDEN NAME OF MOTHER <u>Nancy Hammer</u>					
13. BIRTHPLACE OF MOTHER <u>Utah</u> (State or country) <u>city or town</u>					
14. Informant <u>Dora Foster</u> (Address) <u>Pima Arizona</u>					
15. Filed <u>4/8/33</u> <u>1933</u> <u>Registration</u> 25074 Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>March 12</u> 19 <u>33</u> Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1</u> 19 <u>33</u> to <u>Mar 12</u> 19 <u>33</u> that I last saw her alive on <u>Mar. 12</u> 19 <u>33</u> and that death occurred, on the date stated above, at <u>10 a. m.</u> The CAUSE OF DEATH* was as follows: <u>Influenza</u>					
(duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> da.					
CONTRIBUTORY (Secondary) <u>Age</u> (duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> da.					
18. Where was disease contracted If not at place of death? Did an operation precede death? <u>No</u> Date of <u>—</u> Was there an autopsy? <u>No</u> What test confirmed diagnosis? (Signed) <u>O. H. Brandon</u> M. D. <u>3-12-33</u> <u>Pima</u> (Address) <u>Arizona</u> * State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Pima Ariz.</u> DATE OF BURIAL <u>March 13-33</u>					
20. UNDERTAKER <u>W. C. Rawson</u> ADDRESS <u>Safford</u>					

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